

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **U.S. Chamber of Commerce**(b) Address (number and street) ☐ check if different than previously reported
1615 H Street NW(c) City, State and ZIP Code
Washington DC 20062

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number**C** C30001101**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
02 / 06 / 2012

through

MM / DD / YYYY
02 / 09 / 2012**5. (a) Date of Public Distribution(s)** MM / DD / YYYY 02 / 09 / 2012 **(b) Communication Title** Great Achievements**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Wade Powers

(b) Address (number and street)

1615 H Street NW

(c) City, State and ZIP Code

Washington

DC 20062

(d) Name of Employer or Principal Place of Business

U.S. Chamber of Commerce

(e) Occupation

Executive Director

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 589635.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Wade Powers**SIGNATURE** Wade Powers**[Electronically Filed] DATE** 02/09/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.